



COUNSELING SERVICES

Wellness Center- Room 116
Office Phone: 716-827-2579
Office Fax: 716-825-0416

Initial Appointment Information Form:

Please complete this form prior to your initial counseling session. The information on this form will be kept confidential and added to your counseling file for counseling services to offer you the most appropriate services.

Name: _____

(Last)

(First)

(Middle)

Today's Date: ____/____/____

Student ID# _____

DOB: ____/____/____

Primary Phone #: _____

Is it OK to leave a message? Y N

Alternative Phone #: _____

Is it OK to leave a message? Y N

E-mail: _____@trocaire.edu

Best way to contact: _____

Academic Program: _____

Full- Time/Part-Time _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Gender:

- Male
- Female
- Transgender
- Other: _____

Ethnic Race/ Origin:

- American/ Alaska Native
- Asian
- Black or African American
- Hawaiian/Pacific Islander
- Hispanic/Latino
- Non -Hispanic/Latino
- White
- Other: _____

Marital Status:

- Single
- Married
- Separated
- Divorced
- Widowed

Family Composition- With whom do you currently live (check all that apply)

- Alone
- Spouse, partner or significant other
- Children
- Parent or guardian
- Roomate (s)
- Other:_____

Are you currently employed?

- Yes
- No

How did you hear about Counseling Services at Trocaire (check all that apply)?

- Faculty
- Staff Member
- Another student
- Website
- Handbook
- Orientation

- What's Happening
- Other: _____

Presenting concerns & reason for seeking counseling at this time:

- Generalized Anxiety
- Depression
- Social Anxiety
- Academic Stress
- Eating Disorder
- Sexual Trauma
- Alcohol/Substance Abuse
- Suicidal Thoughts
- Physical/Emotional Abuse
- Health Problems
- Medications
- Relationship Issues
- Grief/Loss
- GLBTQ Concerns
- Sleep Problems
- Self-Esteem/Confidence
- Other (Please describe): _____

Is there anything else you would like the Counseling Office to know prior to your first session?

Confidentiality Statement

Counseling Services offer a safe and confidential environment for you to discuss your concerns. Student privacy is important and is protected by state laws and professional ethical standards. No information about your appointments for counseling will be released without your authorization. However, there are a few legal exceptions to confidentiality guidelines which include:

- If you are in danger of hurting yourself or another, your counselor is obligated to protect you or the other person
- If you are 17 or younger your counselor is obligated to inform your parents that you are attending counseling and obtain their consent for services. Your parents also have a right to request a copy of your records
- If your counselor suspects that a minor or an elderly person is being abused or neglected
- If your counselor receives a court order to release a copy of your file

Consent to Counseling

By signing below, I am stating that understand the confidentiality statement above and I consent to treatment by Counseling Services.

Student Signature

Date

